

Employment Service Complaint/ Referral Record

U.S. Department of Labor

Employment and Training Administration



OMB Approval No. 1205-0039
Expiration Date: 6/30/2004

For ES Use Only

Complaint No.

Date Received

Part I. Complainant's Information

1. Name of Complainant (Last, first, Middle Initial)

2a. Permanent Address (No., St., City, State, ZIP Code)

b. Temporary Address (If Appropriate)

3a. Permanent Telephone

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b. Temporary Telephone

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Respondent's Information

4. Name of Person Complaint Made Against

5. Name of Employer/ES Office

6. Address of Employer/ES Office

7. Telephone Number of Employer/ES Office

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8. Description of Complaint (If additional space is needed, use separate sheet(s) of paper and attach to this form)

Certification I CERTIFY that the information furnished is true and accurately stated to the best of my knowledge. I AUTHORIZE the disclosure of this information to other enforcement agencies for the proper investigation of my complaint. I UNDERSTAND that my identity will be kept confidential to the maximum extent possible, consistent with applicable law and a fair determination of my complaint.

9. Signature of Complainant

10. Social Security Number

11. Date Signed

Part II. For ES Use Only

1. Migrant or Seasonal Farmworker?

☐ Yes ☐ No

2. Type of Complaint ("X" Appropriate Box(es))

- ☐ ES Related Job Order No. _____
- ☐ Against Job Service
- ☐ Against Employer
- ☐ Alleged Violation of ES Regulations
- ☐ Alleged Violation of Employment Law(s)
- ☐ Non-ES Related

3. If non-ES-related, does Complaint concern laws enforced by U.S. Employment Standards Administration (Wage & Hour) or OSHA?

☐ Yes ☐ No

4. Kind of Complaint ("X" Appropriate Box(es))

- ☐ Wage Related ☐ Housing
- ☐ Child Labor ☐ Pesticides
- ☐ Working Conditions ☐ Health/Safety
- ☐ Migrant & Seasonal Agricultural Worker Protection Act (MSPA) ☐ Disability Discrimination
- ☐ Discrimination*
- ☐ Other (specify) _____

5. H-2a/Criteria Employer

- ☐ U.S./Domestic Worker
- ☐ H-2a Worker
- ☐ Wages
- ☐ Transportation
- ☐ Meals
- ☐ Housing
- ☐ Other _____

6. *FOR DISCRIMINATION COMPLAINTS ONLY. Persons wishing to file complaints of discrimination may file either with the SESA, or with the Directorate of Civil Rights (DCR), U.S. Department of Labor, 200 Constitution Avenue, NW, Room N-4123, Washington, D.C. 20210.

7a. Referrals To Other Agencies ("X" one)

☐ Wage & Hour ESA/U.S. DOL. ☐ OSHA

☐ Other _____

b. Follow-Up ("X" one)

☐ Monthly

c. Follow-up Date

☐ Yes ☐ No ☐ Quarterly

8. Address of Referral Agency (No., St., City, State, ZIP Code and Telephone No.)

9. Comments (If additional space is needed, use separate sheet of paper) Provided ES Services? ☐ Yes ☐ No If "No", explain.

10a. Name and Title of Person Receiving Complaint

11. Office Address (No., St., City, State, ZIP Code)

b. Phone No.

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12a. Signature

b. Date

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply to these requirements are mandatory as required by 20 CFR 651, 653 and 658. Public reporting burden for this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0039).